

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

27625

**1. PLACE OF DEATH**

County Buchler  
Township Pephar Bluff Mo  
City Jenkins, Mo

Registration District No. 89

Primary Registration District No. 3007

File No. \_\_\_\_\_

Registered No. 182

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_

(Usual place of abode) Jenkins, Mo.

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cawline Hadley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5-1900</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>-</u>
	DAY <u>23</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>asst Paudemann</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 28-1931</u>	
	11. Total time (years) spent in this occupation _____	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Mat Hadley</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Martha Fly</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE <u>Jenkins Mo</u> DATE <u>Aug 30, 1931</u>
19. UNDERTAKER (ADDRESS) <u>J. P. Phelps</u>
<u>Pephar Bluff Mo</u>
20. FILED <u>Aug 31, 1931</u> <u>B. J. Clark</u> Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1931

I HEREBY CERTIFY, That I attended deceased from Aug 28 - 1931, to Aug 29, 1931

I last saw him alive on Aug 29, 1931. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

Dynamite explosion -  
Perforation of small bowel by foreign body  
Shock  
Other contributory causes of importance:  
Loss of both eyes  
Loss of Rt. forearm  
Multiple lacerations + perforations

Name of operation Amputation at arm Date of 8-28-31  
What test confirmed diagnosis? Showing bowel perforation Was there an autopsy? No.

22. If death was due to external causes (violence), fill in also the following:  
Accident? Accident Date of injury 8-28, 1931  
Where did injury occur? Ellington Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Dynamite explosion  
Nature of injury Loss of eyes - perforation abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Dynamite explosion  
(Signed) U. P. Brubaker, M. D.  
(Address) Pephar Bluff, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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100